

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Nauset Regional School District and Union 54

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 78 Eldredge Park Way, Orleans MA 02653

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Kathleen Schrock

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
78 Eldredge Park Way, Orleans MA 02653

Telephone Number of Designated Agent: 508-255-0016 x216

Facsimile Number of Designated Agent: 508-240-2351

Email Address of Designated Agent: schrockk@nausetschools.org

Signature of Officer or Representative of the Designating Service Provider:

Date: 5/21/06

Typed or Printed Name and Title: Michael B. Gradone, Superintendent of Schools

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**



RECEIVED

MAY 23 2006

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SCANNED 05 20 - 2006